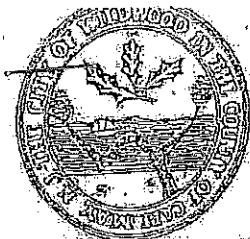


RECEIVED



Office of the City Clerk  
4400 New Jersey Avenue  
Wildwood, NJ 08260  
(609) 522-2444  
(609) 523-9200 Fax

NOV 11 2019

CITY CLERK'S OFFICE

## PUBLIC RECORDS REQUEST FORM

## Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

## Requestor Information - Please Print

First Name	Ted	MI	Last Name	Greenberg			
Company	NBC 10						
Mailing Address	1800 Arch Street						
City	Philadelphia	State	PA	Zip	19103	Email	[REDACTED]
Business Hours Telephone:	Area Code	Number	Extension				
Preferred Delivery:	Pick Up	US Mail	On Site Inspection	<input checked="" type="checkbox"/> Email			

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature

Date

11/11/19

## Fee Information

## Available Payment Methods

Cash      Check      Money Order

Fees:      Letter per page @ \$0.05  
Legal per page @ \$0.07  
CD @ \$2.50

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

All findings, preliminary and final, related to the investigation and cause of the

multi-level deck collapse that occurred on 9/14/19 on the 200 block of

East Baker Avenue. Including all email communications involving city

email accounts pertaining to the incident.

## For Custodian Use Only

Tracking Information		Final Cost	
Ready Date		Balance Due	
Total Pages		Date Paid	

# CITY OF WILDWOOD

## MEMORANDUM

**TO:** KAREN M. GALLAGHER, DEPUTY CITY CLERK  
**FROM:** KATE DUNN, CONSTRUCTION OFFICE, PLANNING/ZONING  
OFFICE  
**SUBJECT:** OPRA REQUEST FORM  
**DATE:** 11/07/2019

Karen:

The City of Wildwood Construction Office is not responsible for conducting an investigation and cause of the deck collapse at 222 E Baker Ave. A licensed professional such as licensed architect or engineer could provide this information.

Best regards,  
  
Kate Dunn

**From:** Mary Peer  
**Sent:** Wednesday, November 13, 2019 2:22 PM  
**To:** Karen Gallagher  
**Subject:** 200 Block of East Baker Ave  
**Attachments:** 20191113144316199.pdf

Karen,

The Fire Department only has the initial fire report from the incident at the 200 block of East Baker Ave. Any follow up information can be gotten from the Fire Marshall office or the Construction office for the City. I have attached the initial report for the incident.

Thanks,  
Mary



Mary Peer  
Administrative Clerk for the  
Wildwood Fire Department  
4400 New Jersey Ave

Phone: 609-846-2028  
Fax: 609-522-4965

A		MM	DD	YYYY			<input type="checkbox"/> Delete	NFIRS -1			
05003	NJ	09	14	2019	WFD	19-0001222	000	Change			
FDID *	State *	Incident Date *	Station	Incident Number *	Exposure *	<input type="checkbox"/> No Activity					
<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract <input type="text"/> - <input type="text"/> <b>B Location*</b> <input type="checkbox"/> Street address <input type="text"/> 222 <input type="text"/> E <input type="text"/> BAKER <input type="text"/> AVE											
<input type="checkbox"/> Intersection <input type="text"/> Number/Milepost <input type="text"/> Prefix <input type="text"/> Street or Highway		<input type="checkbox"/> In front of <input type="text"/>		<input type="checkbox"/> Rear of <input type="text"/>		<input type="checkbox"/> Adjacent to <input type="text"/>		<input type="checkbox"/> Directions <input type="text"/> cross street or directions, as applicable			
								<input type="text"/> State <input type="text"/> Zip Code			
<b>C Incident Type *</b>		<b>E1 Date &amp; Times</b>		Midnight is 0000		<b>E2 Shift &amp; Alarms</b>					
461 <input type="checkbox"/> Building or structure weakened <small>Incident Type</small>		Check boxes if dates are the same as Alarm <input type="checkbox"/> ALARM always required Date: <input type="text"/> 09 <input type="text"/> 14 <input type="text"/> 2019 <input type="text"/> 18:08:00				Local Option					
<b>D Aid Given or Received*</b>		<input type="checkbox"/> ARRIVAL required, unless canceled or did not arrive				<b>E3 Special Studies</b>					
1 <input checked="" type="checkbox"/> Mutual aid received <input type="text"/> 2 <input type="checkbox"/> Automatic aid recv. <input type="text"/> Their FDID <input type="text"/> Their State 3 <input type="checkbox"/> Mutual aid given <input type="text"/> 4 <input type="checkbox"/> Automatic aid given <input type="text"/> 5 <input type="checkbox"/> Other aid given <input type="text"/> Their Incident Number N <input type="checkbox"/> None		<input type="checkbox"/> Arrival * <input type="text"/> 09 <input type="text"/> 14 <input type="text"/> 2019 <input type="text"/> 18:10:00				Local Option					
<b>F Actions Taken *</b>		<input type="checkbox"/> Controlled <input type="text"/> LAST UNIT CLEARED, required except for wildland fires				<b>G1 Resources *</b>		<b>G2 Estimated Dollar Losses &amp; Values</b>			
86 <input type="checkbox"/> Investigate <small>Primary Action Taken (1)</small>		<input type="checkbox"/> Last Unit Cleared <input type="text"/> 09 <input type="text"/> 14 <input type="text"/> 2019 <input type="text"/> 21:30:00				Apparatus Personnel		LOSSES: Required for all fires if known. Optional for non fires.			
81 <input type="checkbox"/> Incident command <small>Additional Action Taken (2)</small>		<input type="checkbox"/> Apparatus <input type="text"/> 0001 <input type="text"/> 0024				Suppression <input type="text"/> 0001 <input type="text"/> 0024		None			
82 <input type="checkbox"/> Notify other agencies. <small>Additional Action Taken (3)</small>		<input type="checkbox"/> Personnel <input type="text"/> 0008 <input type="text"/> 0001				EMS <input type="text"/> 0008 <input type="text"/> 0001		Property \$ <input type="text"/> , <input type="text"/> 000 , <input type="text"/> 000 <input type="checkbox"/>			
		<input type="checkbox"/> Other <input type="text"/> 0008 <input type="text"/> 0001				<input type="checkbox"/> Other <input type="text"/> 0008 <input type="text"/> 0001		Contents \$ <input type="text"/> , <input type="text"/> 000 , <input type="text"/> 000 <input type="checkbox"/>			
		<input type="checkbox"/> Check box if resource counts include aid received resources.						PRE-INCIDENT VALUE: optional			
<b>Completed Modules</b>		<b>H1* Casualties</b>		<b>H3 Hazardous Materials Release</b>		<b>I Mixed Use Property</b>					
<input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Atson-11		Deaths <input type="text"/> N <input type="checkbox"/> None Injuries <input type="text"/> N <input type="checkbox"/> None Fire Service <input type="text"/> N <input type="checkbox"/> None Civilian <input type="text"/> N <input type="checkbox"/> None		1 <input type="checkbox"/> Natural Gas: slow leak, no evaporation or hazard actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home, BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/offices spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 9 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form		NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input checked="" type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use					
<b>J Property Use*</b>		<b>Structures</b>		341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital		539 <input type="checkbox"/> Household goods, sales,repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input checked="" type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales		571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage(barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse			
Outside		936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway				981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard					
Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use <input type="text"/> 429 <b>Multifamily dwelling</b>											
NFIRS-1 Revision 03/11/99											

<b>K1 Person/Entity Involved</b>		WINDSOR CONDOMINIUM ASSOC Business name (if applicable)		Area Code	Phone Number		
Local Option							
<input type="checkbox"/> Check This Box if same address as incident location. Then skip the three duplicate address lines.		Mr., Ms., Mrs. First Name  Number	MI Prefix	Last Name Street or Highway	Suffix AVE Street Type Suffix		
		C/O DAVID MILES 153 HILLSIDE					
		BERGENFIELD, NJ 07621 Post Office Box	Apt./Suite/Room	city			
		State	Zip Code				
<input type="checkbox"/> More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary							
<b>K2 Owner</b>		<input type="checkbox"/> Same as person involved? Then check this box and skip the rest of this section.		Business name (if Applicable)	Area Code		
Local Option				Phone Number			
<input type="checkbox"/> Check this box if same address as incident location. Then skip the three duplicate address lines.		Mr., Ms., Mrs. First Name  Number	MI Prefix	Last Name Street or Highway	Suffix Street Type Suffix		
		Post Office Box	Apt./Suite/Room	city			
		State	Zip Code				
<b>L Remarks</b> <small>Local Option</small> <p>District alarm was transmitted by WPD for a structural collapse across from 233 E Baker, rescue 3 was manned and responded to scene. Actual incident address is 222 E Baker. Upon arrival Squad 3 officer reported, major structural collapse of 2 outside decks that were detached, on the ground, with multiple people injured and trapped, full response from RUST Team to the scene. Squad 3 officer investigated the scene, transferred command to Squad 3 chauffeur. Squad 3 officer found 2 pancake collapsed wooden decks, decks were approx 10'x25''. Decks were being manually stabilized from the sidewalk and porch sides to prevent additional movement of decks over entrapped victims. 1 adult male pt, laying unconscious/unresponsive at the base of the front steps on the sidewalk. C-2 quickly evaluated Pt, Pt had a pulse and was breathing, C-6(Gaskill) was directed to begin Pt care. C-2 went onto porch, was informed that there was one additional victim trapped under both decks. IC (C-3) requested a municipal division recall, additional ALS units and a medivac helicopter. C-2 assessed Pt under the deck, Pt was conscious, Pt had a deck joist across his upper back, head and neck were pinned to the concrete porch. C-2 requested airbags and cribbing to the porch level. DFC Troiano arrived, was given a face to face from C-3 and command was transferred to DFC Troiano. DFC Troiano requested 1st alarm assignment and EMS task force. At this time several more WFD units arrived, street side of decks were cribbed and stabilized by B-2 and D-3 overseen by FO3. Chief Speigel arrived and assumed IC. IC ordered 2nd alarm assignments, NJ Task force 1 response an additional EMS task forces, ALS and medivac units. Triage area was established to the East of collapse and clear of the collapse zone. A-1 was in charge of EMS triage/transport. Pt extraction point was established at Baker and Pacific Aves, ambulance staging area was established at 4600 New Jersey, South Municipal Parking Lot. All manual stabilization was discontinued and non-essential personnel were removed from the hot zone. C-4 set-up airbags and were readied for use along with cribbing. C-3 coordinated lifts of dual airbags simultaneously. C-2</p>							
<b>I Authorization</b>							
6748 Officer in charge ID		Vessels, Gerard J Signature	FF Position or rank	Shift OIC Assignment	09 Month	15 Day	2019 Year
<input checked="" type="checkbox"/> Check Box if same as officer in charge. Member making report ID		Vessels, Gerard J Signature	FF Position or rank	Shift OIC Assignment	09 Month	15 Day	2019 Year

FDID 05003	State NJ	MM 9	DD 14	YYYY 2019	WFD	Station	19-0001222	000	Exposure *	Complete Narrative
Incident Date *						Incident Number *				

**Narrative:**

District alarm was transmitted by WPD for a structural collapse across from 233 E Baker, rescue 3 was manned and responded to scene. Actual incident address is 222 E Baker. Upon arrival Squad 3 officer reported, major structural collapse of 2 outside decks that were detached, on the ground, with multiple people injured and trapped, full response from RUST Team to the scene. Squad 3 officer investigated the scene, transferred command to Squad 3 chauffeur. Squad 3 officer found 2 pancake collapsed wooden decks, decks were approx 10'x25''. Decks were being manually stabilized from the sidewalk and porch sides to prevent additional movement of decks over entrapped victims. 1 adult male pt, laying unconscious/unresponsive at the base of the front steps on the sidewalk. C-2 quickly evaluated Pt, Pt had a pulse and was breathing, C-6(Gaskill) was directed to begin Pt care. C-2 went onto porch, was informed that there was one additional victim trapped under both decks. IC (C-3) requested a municipal division recall, additional ALS units and a medivac helicopter. C-2 assessed Pt under the deck, Pt was conscious, Pt had a deck joist across his upper back, head and neck were pinned to the concrete porch. C-2 requested airbags and cribbing to the porch level. DFC Troiano arrived, was given a face to face from C-3 and command was transferred to DFC Troiano. DFC Troiano requested 1st alarm assignment and EMS task force. At this time several more WFD units arrived, street side of decks were cribbed and stabilized by B-2 and D-3 overseen by FO3. Chief Speigel arrived and assumed IC. IC ordered 2nd alarm assignments, NJ Task force 1 response an additional EMS task forces, ALS and medivac units. Triage area was established to the East of collapse and clear of the collapse zone. A-1 was in charge of EMS triage/transport. Pt extraction point was established at Baker and Pacific Aves, ambulance staging area was established at 4600 New Jersey, South Municipal Parking Lot. All manual stabilization was discontinued and non-essential personnel were removed from the hot zone. C-4 set-up airbags and were readied for use along with cribbing. C-3 coordinated lifts of dual airbags simultaneously. C-2 remained with victim. Once weight was lifted off of victim, victim went unconscious/unresponsive. Decks were lifted several inches, giving enough clearance for C-2 to halt airbag operations and ordered victim to be removed by C-2, C-3 and C-5. C-spine was established, Pt was log rolled, C-collar applied, placed on LSB and removed from collapse zone. Due to structural integrity being compromised, the 4th floor roof and dormer now being free standing, all personnel were removed form the immediate area and clear of the collapse zone. Tenants were allowed in, through a rear door, while being accompanied by WFD members to retrieve personal items. AC electric secured power to the property. Property was secured using wood to cover door openings to prevent unauthorized entry. All WFD units cleared, placed back in service and returned to quarters.

Total of 21 Patients involved

18 Pt's transported to CRMC

1 Pt transported to Maxwell Field LZ

2 Pt refusals

For more Pt information see EMS Incidents #'s 19-1708-12

Mutual Aid EMS Incidents

LTRS -2

MTRS-3

WCRS-6

NWFD-4

STFD-1

A	FDID *	MM	DD	YYYY	WFD station	19-0001222	000 Exposure *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources	
B Apparatus or * Resource	Date and Times Check if same as alarm date					Sent	Number of * People	Use	Actions Taken	
		Month	Day	Year	Hour Min	<input checked="" type="checkbox"/>		Check ONE box for each apparatus to indicate its main use at the incident.		
1	ID [AMB3] Type [75]	Dispatch	<input checked="" type="checkbox"/>	9   14   2019	18:09	<input checked="" type="checkbox"/>	5	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
2	ID [AMB3-1] Type [75]	Dispatch	<input checked="" type="checkbox"/>	9   14   2019	18:09	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
3	ID [AMB3-2] Type [75]	Dispatch	<input checked="" type="checkbox"/>	9   14   2019	18:09	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
4	ID [CAR3] Type [92]	Dispatch	<input checked="" type="checkbox"/>	9   14   2019	18:09	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
5	ID [CAR3-1] Type [92]	Dispatch	<input checked="" type="checkbox"/>	9   14   2019	18:09	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
6	ID [QUINT3] Type [13]	Dispatch	<input checked="" type="checkbox"/>	9   14   2019	18:09	<input checked="" type="checkbox"/>	5	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
7	ID [R-3] Type [71]	Dispatch	<input checked="" type="checkbox"/>	9   14   2019	18:09	<input checked="" type="checkbox"/>	2	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
8	ID [SQUAD3] Type [11]	Dispatch	<input checked="" type="checkbox"/>	9   14   2019	18:09	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
9	ID [UV3] Type [71]	Dispatch	<input checked="" type="checkbox"/>	9   14   2019	18:09	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
Type of Apparatus or Resources										More Apparatus? Use Additional Sheets
Ground Fire Suppression										Marine Equipment
11 Engine	51 Fire boat with pump									
12 Truck or aerial	52 Boat, no pump									
13 Quint	50 Marine apparatus, other									
14 Tanker & pumper combination	Support Equipment									
16 Brush truck	61 Breathing apparatus support									
17 ARF (Aircraft Rescue and Firefighting)	62 Light and air unit									
10 Ground fire suppression, other	60 Support apparatus, other									
Heavy Ground Equipment										Medical & Rescue
21 Dozer or plow	71 Rescue unit									
22 Tractor	72 Urban Search & rescue unit									
24 Tanker or tender	73 High angle rescue unit									
20 Heavy equipment, other	75 ALS unit									
Aircraft										76 ALS unit
41 Aircraft: fixed wing tanker	70 Medical and rescue unit,other									
42 Helitanker	NN None									
43 Helicopter	UU Undetermined									
40 Aircraft, other	NFIRS-9 Revision 11/17/96									

A	FDID * 05003	NJ	MM 9 State *	DD 14 Incident Date *	YYYY 2019	WFD Station	19-0001222 Incident Number *	000 Exposure *	<input type="checkbox"/> Delete	NFIRS - 10 Personnel																																																											
<b>B Apparatus or Resource</b> <table border="1"> <thead> <tr> <th colspan="4">Date and Times</th> <th>Sent</th> <th>Number of People</th> <th>Use</th> <th colspan="3">Actions Taken</th> </tr> <tr> <th colspan="4">Check if same as alarm date</th> <th>X</th> <th></th> <th>Check ONE box for each apparatus to indicate its main use at the incident.</th> <th colspan="3">List up to 4 actions for each apparatus and each personnel.</th> </tr> <tr> <th colspan="4">Month Day Year Hours/mins</th> <th></th> <th></th> <th></th> <th colspan="3"></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>ID AMB3</td> <td>Dispatch</td> <td>X 9 14 2019 18:09</td> <td>Sent</td> <td></td> <td><input type="checkbox"/> Suppression</td> <td colspan="3"></td> </tr> <tr> <td></td> <td></td> <td>Arrival</td> <td>X 9 14 2019 18:11</td> <td>X</td> <td>5</td> <td><input type="checkbox"/> EMS</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>Type 75</td> <td>Clear</td> <td>X 9 14 2019 21:30</td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Other</td> <td colspan="3"></td> </tr> </tbody> </table>										Date and Times				Sent	Number of People	Use	Actions Taken			Check if same as alarm date				X		Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.			Month Day Year Hours/mins										1	ID AMB3	Dispatch	X 9 14 2019 18:09	Sent		<input type="checkbox"/> Suppression						Arrival	X 9 14 2019 18:11	X	5	<input type="checkbox"/> EMS					Type 75	Clear	X 9 14 2019 21:30			<input checked="" type="checkbox"/> Other			
Date and Times				Sent	Number of People	Use	Actions Taken																																																														
Check if same as alarm date				X		Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.																																																														
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	Type 75	Clear	X 9 14 2019 21:30			<input checked="" type="checkbox"/> Other																																																															
Personnel ID		Name		Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken																																																												
0144 4993 6304 6305 6567		Dunn, Daniel Bannon, Dave Sharp, John Alvarado, Chad Feltwell, Robert		CP FF FF FF	X X X X																																																																
2 ID AMB3-1		Dispatch X 9 14 2019 18:09		Sent		<input type="checkbox"/> Suppression																																																															
		Arrival X 9 14 2019 18:11		X	1	<input type="checkbox"/> EMS																																																															
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Personnel ID		Name		Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken																																																												
7289		Sacco, Christina		FF	X																																																																
3 ID AMB3-2		Dispatch X 9 14 2019 18:09		Sent		<input type="checkbox"/> Suppression																																																															
		Arrival X 9 14 2019 18:11		X	1	<input type="checkbox"/> EMS																																																															
		Clear X 9 14 2019 21:30				<input checked="" type="checkbox"/> Other																																																															
Personnel ID		Name		Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken																																																												
3957		Gaskill, William		FFE	X																																																																

<b>A</b>	MM DD YYYY	05003	NJ	9   14   2019	WFD	19-0001222	000	<input type="checkbox"/> Delete	NFIRS - 10
FDID *	State *	Incident Date *	Station	Incident Number *	Exposure *			<input type="checkbox"/> Change	Personnel
<b>B Apparatus or * Resource</b>		Date and Times Check if same as alarm date				Sent	Number of * People	Use	<b>Actions Taken</b>
Use codes listed below		Month	Day	Year	Hours/mins			Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
1	ID CAR3	Dispatch	<input checked="" type="checkbox"/>	9   14   2019	18:09	Sent	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Type 92	Arrival	<input checked="" type="checkbox"/>	9   14   2019	18:11				<input type="checkbox"/> <input type="checkbox"/>
		Clear	<input checked="" type="checkbox"/>	9   14   2019	21:30				<input type="checkbox"/> <input type="checkbox"/>
Personnel ID	Name			Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
3738	Speigel, Daniel			C	<input checked="" type="checkbox"/> X				
2	ID CAR3-1	Dispatch	<input checked="" type="checkbox"/>	9   14   2019	18:09	Sent	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Type 92	Arrival	<input checked="" type="checkbox"/>	9   14   2019	18:11				<input type="checkbox"/> <input type="checkbox"/>
		Clear	<input checked="" type="checkbox"/>	9   14   2019	21:30				<input type="checkbox"/> <input type="checkbox"/>
Personnel ID	Name			Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
9848	Troiano III, Ernest			DC	<input checked="" type="checkbox"/> X				
3	ID QUINT3	Dispatch	<input checked="" type="checkbox"/>	9   14   2019	18:09	Sent	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Type 13	Arrival	<input checked="" type="checkbox"/>	9   14   2019	18:11				<input type="checkbox"/> <input type="checkbox"/>
		Clear	<input checked="" type="checkbox"/>	9   14   2019	21:30				<input type="checkbox"/> <input type="checkbox"/>
Personnel ID	Name			Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
164448	Palmer, Nicolas			FF	<input checked="" type="checkbox"/> X				
2878	Spiegel, Jacob			FFE	<input checked="" type="checkbox"/> X				
3157	Troiano, Ryan			FFE	<input checked="" type="checkbox"/> X				
3441	Snyder, John			FFE	<input checked="" type="checkbox"/> X				
8089	Kobierowski, Darrick			FF	<input checked="" type="checkbox"/> X				

A	FDID * 05003	NJ State *	MM 9 Incident Date 14	DD 2019	YYYY WED Station	19-0001222 Incident Number *	000 Exposure *	<input type="checkbox"/> Delete	NFIRS - 10 Personnel
<b>B Apparatus or Resource</b>									
Date and Times Check if same as alarm date									
Use codes listed below									
		Month Day	Year	Hours/mins	Sent <input checked="" type="checkbox"/>	Number of People <input checked="" type="checkbox"/>	Use	Actions Taken	
1 ID R-3		Dispatch <input checked="" type="checkbox"/>	9 14	2019 18:09	Sent <input checked="" type="checkbox"/>	2	Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
Type 71		Arrival <input checked="" type="checkbox"/>	9 14	2019 18:11			<input type="checkbox"/> Suppression	<input type="checkbox"/> <input type="checkbox"/> EMS	<input checked="" type="checkbox"/> Other
		Clear <input checked="" type="checkbox"/>	9 14	2019 21:30					
Personnel ID	Name			Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
3888 4184	Walker, Rayquan Speigel, David			FFE FF	X X				
2 ID SQUAD3		Dispatch <input checked="" type="checkbox"/>	9 14	2019 18:09	Sent <input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input checked="" type="checkbox"/> Other
Type 11		Arrival <input checked="" type="checkbox"/>	9 14	2019 18:11					
		Clear <input checked="" type="checkbox"/>	9 14	2019 21:30					
Personnel ID	Name			Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1392 1481 6748 9405	Brown, Michael Phillips, Brendan Vessels, Gerard Harron, Richard			FF FF FF	X X X				
3 ID UV3		Dispatch <input checked="" type="checkbox"/>	9 14	2019 18:09	Sent <input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input checked="" type="checkbox"/> Other
Type 71		Arrival <input checked="" type="checkbox"/>	9 14	2019 18:11					
		Clear <input checked="" type="checkbox"/>	9 14	2019 21:30					
Personnel ID	Name			Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
8580	Feltwell, Adam			FF	X				